

<b>UNITED STATES BANKRUPTCY COURT</b> <u>Southern</u> <b>DISTRICT OF</b> <u>TEXAS</u>		<b>VOLUNTARY PETITION</b>							
IN RE (Name of debtor - If individual, enter Last, First, Middle)  <i>Piper, Sharon</i>		NAME OF JOINT DEBTOR (Spouse) (Last, First, Middle)  United States Court Southern District of Texas FILED							
ALL OTHER NAMES used by the debtor in the last 6 years (Include married, maiden, and trade names.)		ALL OTHER NAMES used by the joint debtor in the last 6 years (Include married, maiden, and trade names.)  MAY - 1 2007  <i>Michael N. Milby, Clerk</i>							
SOC. SEC. / TAX I.D. NO. (If more than one, state all.)  <i>3-4855</i>		SOC. SEC. / TAX I.D. NO. (If more than one, state all.)							
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)  <i>7143 Roots Houston, Texas 77074</i>		STREET ADDRESS OF JOINT DEBTOR (No. and street, city, state, and zip code)							
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS		COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS							
MAILING ADDRESS OF DEBTOR (If different from street address)		MAILING ADDRESS OF JOINT DEBTOR (If different from street address)							
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from addresses listed above)		<b>VENUE (Check one box)</b> <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.							
<b>INFORMATION REGARDING DEBTOR (Check applicable boxes)</b>									
<b>TYPE OF DEBTOR</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Joint (Husband & Wife) <input type="checkbox"/> Partnership <input type="checkbox"/> Other:		<b>CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED (Check one box)</b> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case Ancillary to Foreign Proceeding							
<b>NATURE OF DEBT</b> <input checked="" type="checkbox"/> Non-Business / Consumer <input type="checkbox"/> Business - Complete A & B below		<b>FILING FEE (Check one box)</b> <input type="checkbox"/> Filing fee attached <input checked="" type="checkbox"/> Filing fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.							
<b>A. TYPE OF BUSINESS (Check one box)</b> <input type="checkbox"/> Farming <input type="checkbox"/> Transportation <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Professional <input type="checkbox"/> Manufacturing/ <input type="checkbox"/> Construction <input type="checkbox"/> Retail / Wholesale <input type="checkbox"/> Mining <input type="checkbox"/> Real Estate <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Other Business		<b>NAME AND ADDRESS OF LAW FIRM OR ATTORNEY</b>  Telephone No.							
<b>B. BRIEFLY DESCRIBE NATURE OF BUSINESS</b>		<b>NAME(S) OF ATTORNEY(S) DESIGNATED TO REPRESENT THE DEBTOR</b> (Print or Type Names)							
<b>STATISTICAL ADMINISTRATIVE INFORMATION (28 U.S.C. § 604)</b> (Estimates only) (Check applicable boxes)		<input checked="" type="checkbox"/> Debtor is not represented by an attorney							
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		<b>THIS SPACE FOR COURT USE ONLY</b>							
<b>ESTIMATED NUMBER OF CREDITORS</b> <table border="1" style="width: 100%;"><tr><td><input checked="" type="checkbox"/> 15</td><td><input type="checkbox"/> 16-49</td><td><input type="checkbox"/> 50-99</td><td><input type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1000-over</td></tr></table>		<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16-49	<input type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1000-over		
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<b>ESTIMATED ASSETS (In thousands of dollars)</b> <table border="1" style="width: 100%;"><tr><td><input type="checkbox"/> Under 50</td><td><input type="checkbox"/> 50-99</td><td><input checked="" type="checkbox"/> 100-499</td><td><input type="checkbox"/> 500-999</td><td><input type="checkbox"/> 1000-9999</td><td><input type="checkbox"/> 10,000-99,000</td><td><input type="checkbox"/> 100,000-over</td></tr></table>		<input type="checkbox"/> Under 50	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-499	<input type="checkbox"/> 500-999	<input type="checkbox"/> 1000-9999	<input type="checkbox"/> 10,000-99,000	<input type="checkbox"/> 100,000-over	
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<b>ESTIMATED LIABILITIES (In thousands of dollars)</b> <table border="1" style="width: 100%;"><tr><td><input type="checkbox"/> Under 50</td><td><input type="checkbox"/> 50-99</td><td><input checked="" type="checkbox"/> 100-499</td><td><input type="checkbox"/> 500-999</td><td><input type="checkbox"/> 1000-9999</td><td><input type="checkbox"/> 10,000-99,000</td><td><input type="checkbox"/> 100,000-over</td></tr></table>		<input type="checkbox"/> Under 50	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-499	<input type="checkbox"/> 500-999	<input type="checkbox"/> 1000-9999	<input type="checkbox"/> 10,000-99,000	<input type="checkbox"/> 100,000-over	
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<b>ESTIMATED NO. OF EMPLOYEES - CHAPTER 11 &amp; 12 ONLY</b> <table border="1" style="width: 100%;"><tr><td><input type="checkbox"/> 0</td><td><input type="checkbox"/> 1-19</td><td><input type="checkbox"/> 20-99</td><td><input type="checkbox"/> 100-999</td><td><input type="checkbox"/> 1000-over</td></tr></table>		<input type="checkbox"/> 0	<input type="checkbox"/> 1-19	<input type="checkbox"/> 20-99	<input type="checkbox"/> 100-999	<input type="checkbox"/> 1000-over			
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<b>ESTIMATED NO. OF EQUITY SECURITY HOLDERS - CHAPTER 11 &amp; 12 ONLY</b> <table border="1" style="width: 100%;"><tr><td><input type="checkbox"/> 0</td><td><input type="checkbox"/> 1-19</td><td><input type="checkbox"/> 20-99</td><td><input type="checkbox"/> 100-499</td><td><input type="checkbox"/> 500-over</td></tr></table>		<input type="checkbox"/> 0	<input type="checkbox"/> 1-19	<input type="checkbox"/> 20-99	<input type="checkbox"/> 100-499	<input type="checkbox"/> 500-over			
<input type="checkbox"/> 0	<input type="checkbox"/> 1-19	<input type="checkbox"/> 20-99	<input type="checkbox"/> 100-499	<input type="checkbox"/> 500-over					

Name of Debtor Sharon L. PiperCase No. 07-33058-H5-13Case No. 07-33058-H5-13**FILING OF PLAN**

For Chapter 9, 11, 12 and 13 cases only. Check appropriate box.

 A copy of debtor's proposed plan dated \_\_\_\_\_ is attached. Debtor intends to file a plan within the time allowed by statute, rule, or order of the court.**PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS (If more than one, attach additional sheet)**

Location Where Filed	Case Number	Date Filed
<u>Southern District of Texas</u>	<u>03-310285-H5-13</u> <u>03-304100-H5-13</u> <u>03-344420-H5-13</u>	<u>7-3-02</u> <u>7-6-03</u> <u>10-7-03</u>

**PENDING BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THIS DEBTOR (If more than one, attach additional sheet)**

Name of Debtor	Case Number	Date
Relationship	District	Judge

**REQUEST FOR RELIEF**

Debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**SIGNATURES****ATTORNEY**X

Signature

Date

**INDIVIDUAL/JOINT DEBTOR(S)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

X

Signature of Debtor

Sharon L. Piper

Date

X

Signature of Joint Debtor

Date

**CORPORATE OR PARTNERSHIP DEBTOR**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that the filing of the petition on behalf of the debtor has been authorized.

X

Signature of Authorized Individual

Print or Type Name of Authorized Individual

Title of Individual Authorized by Debtor to File this Petition

Date

**EXHIBIT "A" (To be completed if debtor is a corporation requesting relief under chapter 11.)** Exhibit "A" is attached and made a part of this petition.**TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS ( SEE P.L. 98-353 § 322)**

I am aware that I may proceed under chapter 7, 11, or 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7 of such title.

If I am represented by an attorney, exhibit "B" has been completed.

X

Signature of Debtor

Date

X

Signature of Joint Debtor

Date

**EXHIBIT "B" (To be completed by attorney for individual chapter 7 debtor(s) with primarily consumer debts.)**

I, the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she, or they) may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X

Signature of Attorney

Date